

Emergency Contact Information

Date: _____

Child's Information

Child's Name: _____

Date of Birth: _____

Parent/Guardian Information

Name: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Emergency Contacts

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Primary Physician: _____

Phone Number: _____

Allergies: _____

Medications: _____

Authorization

I hereby authorize the child care provider to obtain medical treatment for my child in case of an emergency.

Parent/Guardian Signature: _____